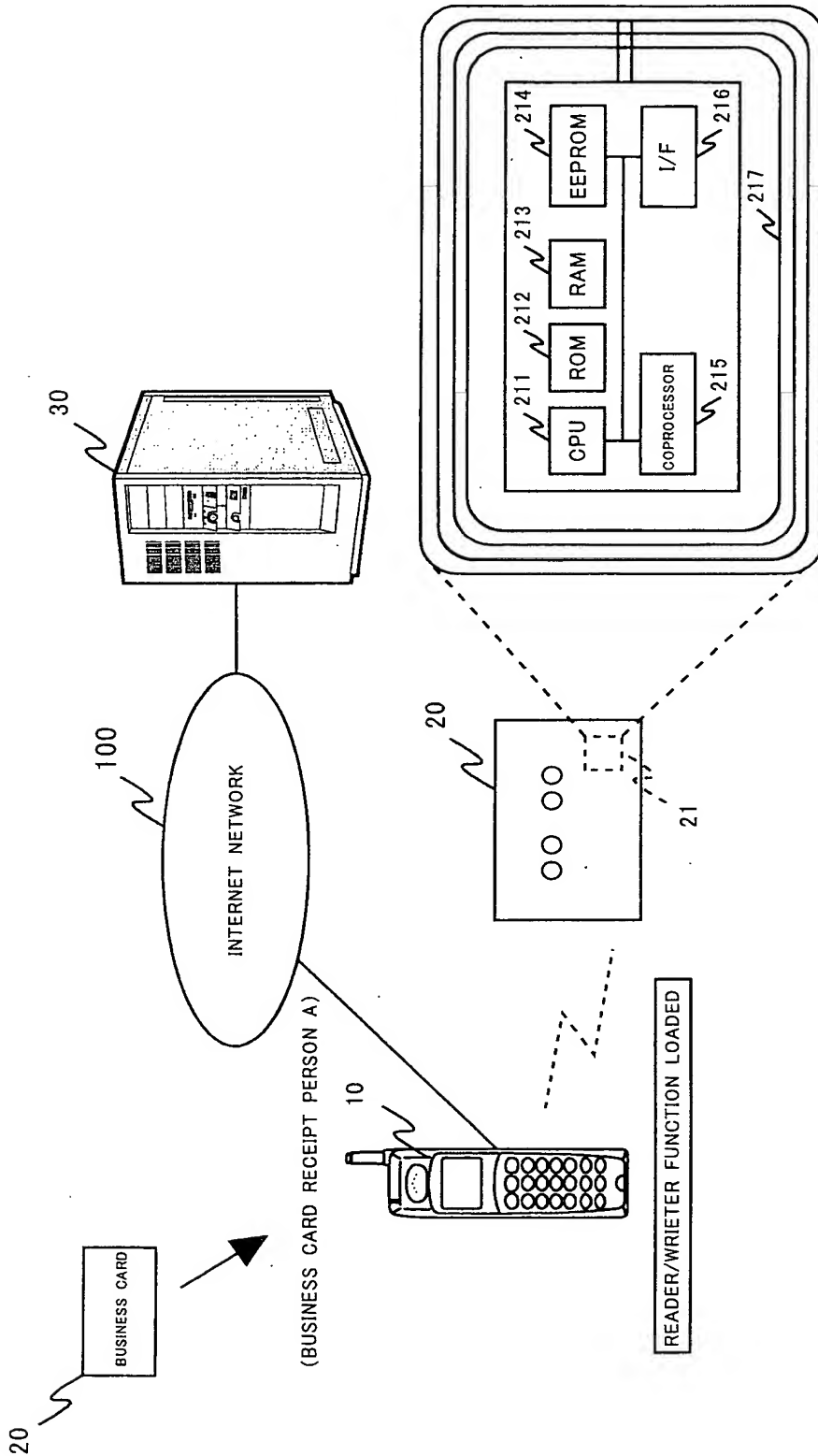


FIG.1



第2図

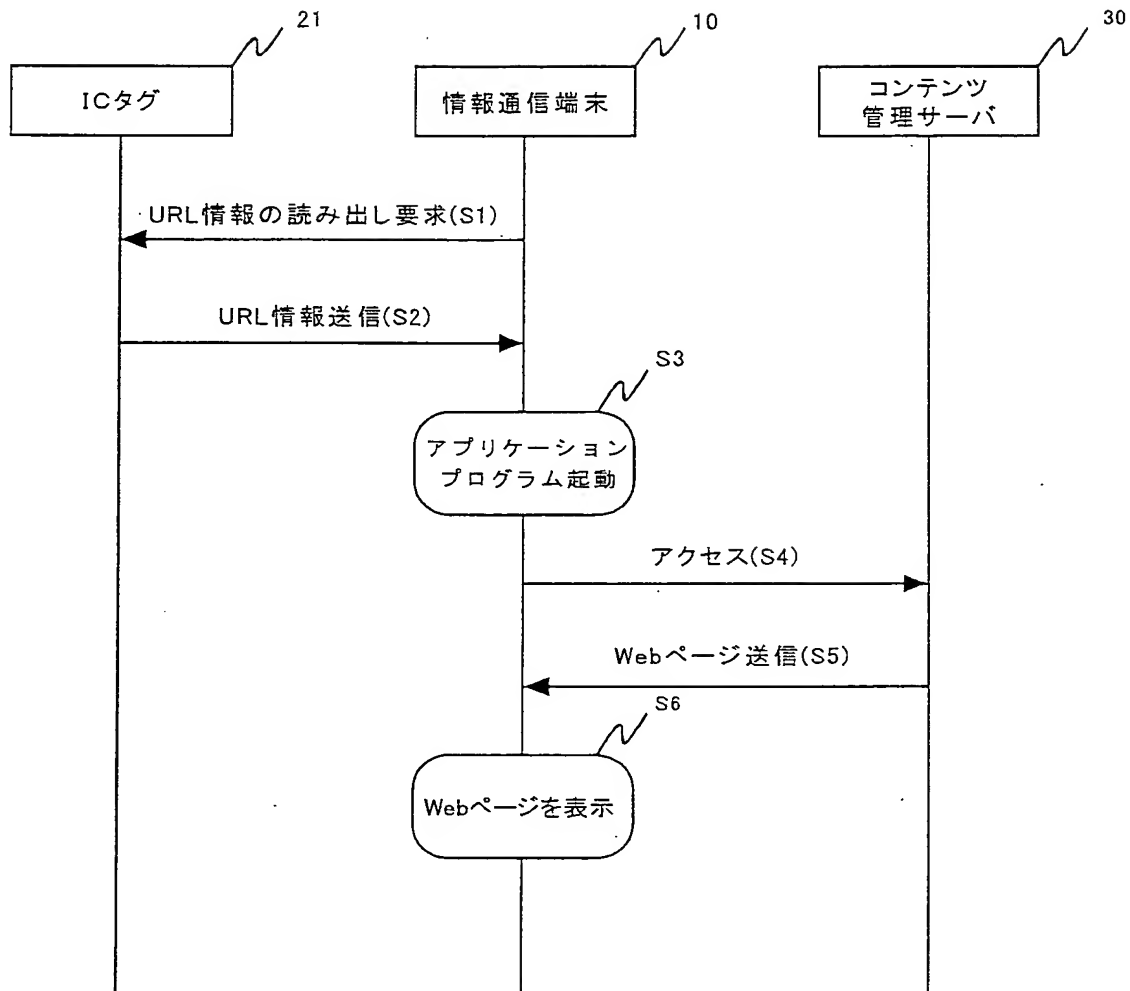
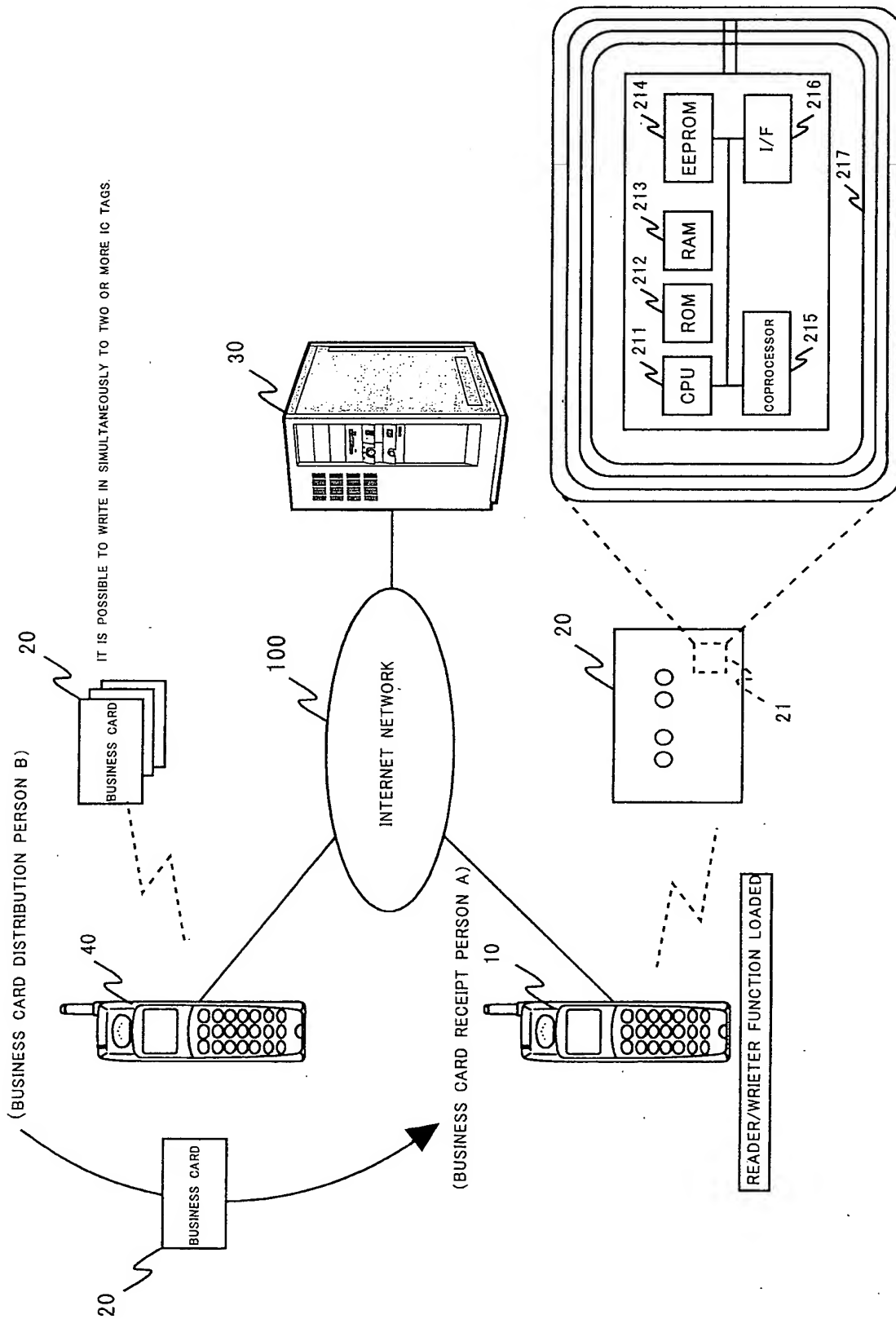


FIG. 3



第4図

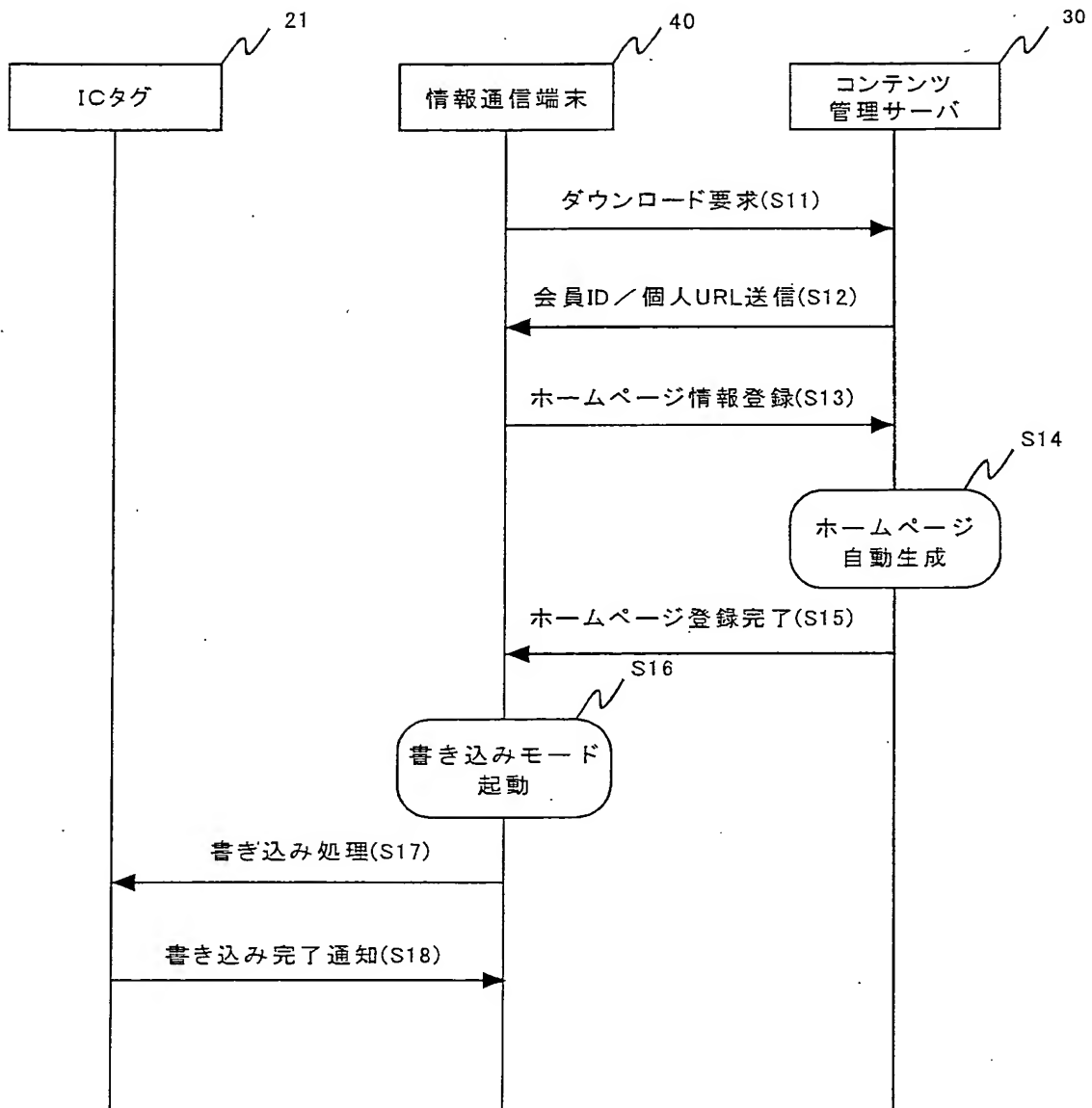


FIG. 5

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PRIVATE PAGE	BUSINESS PAGE
<div>Text page</div> <div> <input type="checkbox"/> Name  <input type="checkbox"/> Kana  <input type="checkbox"/> Sexuality  <input type="checkbox"/> Date of Birth  <input type="checkbox"/> Zip Code  <input type="checkbox"/> Mourning information  <input type="checkbox"/> Address 1  <input type="checkbox"/> Address 2  <input type="checkbox"/> Mobile mail address  <input type="checkbox"/> Telephone number  <input type="checkbox"/> Facsimile number  <input type="checkbox"/> Mobile phone number  <input type="checkbox"/> PC mail address  <input type="checkbox"/> Blood type  <input type="checkbox"/> Constellation  <input type="checkbox"/> Family information  <input type="checkbox"/> Boyfriend or Girlfriend  <input type="checkbox"/> Favorite point of other sex  <input type="checkbox"/> Sales point  <input type="checkbox"/> Hobby  <input type="checkbox"/> Name of school, grade, club  <input type="checkbox"/> Favorite food  <input type="checkbox"/> Unfavorite food  <input type="checkbox"/> Things you need </div> <div> <input checked="" type="checkbox"/> Recent impressive music or book  <input checked="" type="checkbox"/> Recent trouble  <input checked="" type="checkbox"/> Memory  <input checked="" type="checkbox"/> My secret 1  <input checked="" type="checkbox"/> My secret 2  <input checked="" type="checkbox"/> My secret 3 </div> <div>Bulletin board page</div> <div> <input checked="" type="checkbox"/> Latest events </div> <div>Picture page</div> <div> <input checked="" type="checkbox"/> My picture 1  <input checked="" type="checkbox"/> My picture 2  <input checked="" type="checkbox"/> My picture 3  <input checked="" type="checkbox"/> My picture 4  <input checked="" type="checkbox"/> My picture 5 </div> <div>Voice Page</div> <div> <input checked="" type="checkbox"/> Greetings </div>	<div>Text page</div> <div> <input type="checkbox"/> Company name  <input type="checkbox"/> Kana  <input type="checkbox"/> Position  <input type="checkbox"/> Title  <input type="checkbox"/> Name  <input type="checkbox"/> Kana  <input type="checkbox"/> Zip code  <input type="checkbox"/> Address 1  <input type="checkbox"/> Address 2  <input type="checkbox"/> Telephone number  <input type="checkbox"/> Facsimile number  <input type="checkbox"/> Mobile phone number  <input type="checkbox"/> Mobile mail address  <input type="checkbox"/> Map  <input type="checkbox"/> PC mail address  <input type="checkbox"/> Summary of business  <input type="checkbox"/> Business in charge  <input type="checkbox"/> Introduction of personal history  <input type="checkbox"/> Appeal point </div> <div> <input type="checkbox"/> Latest news </div> <div>Picture page</div> <div> <input checked="" type="checkbox"/> My picture  <input checked="" type="checkbox"/> Company appearance picture  <input checked="" type="checkbox"/> Business result's picture 1  <input checked="" type="checkbox"/> Business result's picture 2  <input checked="" type="checkbox"/> Business result's picture 3 </div> <div>Voice Page</div> <div> <input checked="" type="checkbox"/> Greetings </div> <div>Bulletin board page</div>

BLANK SQUARE "□" SHOWN ABOVE IS ESSENTIAL INPUT TERM.

BLACK SQUARE "■" SHOWN ABOVE IS ARBITRARY INPUT TERM.

FIG. 6

INFORMATION INPUT PAGE

● NAME

● ADDRESS

● TELEPHONE NO.

REGISTRATION

FIG. 7

CHANGE PARTS

- ☒ TOP PAGE
- ☐ PICTURE
- ☐ BACKGROUND
- ☐ TITLE
- ☐ MESSAGE
- ☐ . . . . .
- ☐ . . . . .

FIG. 8

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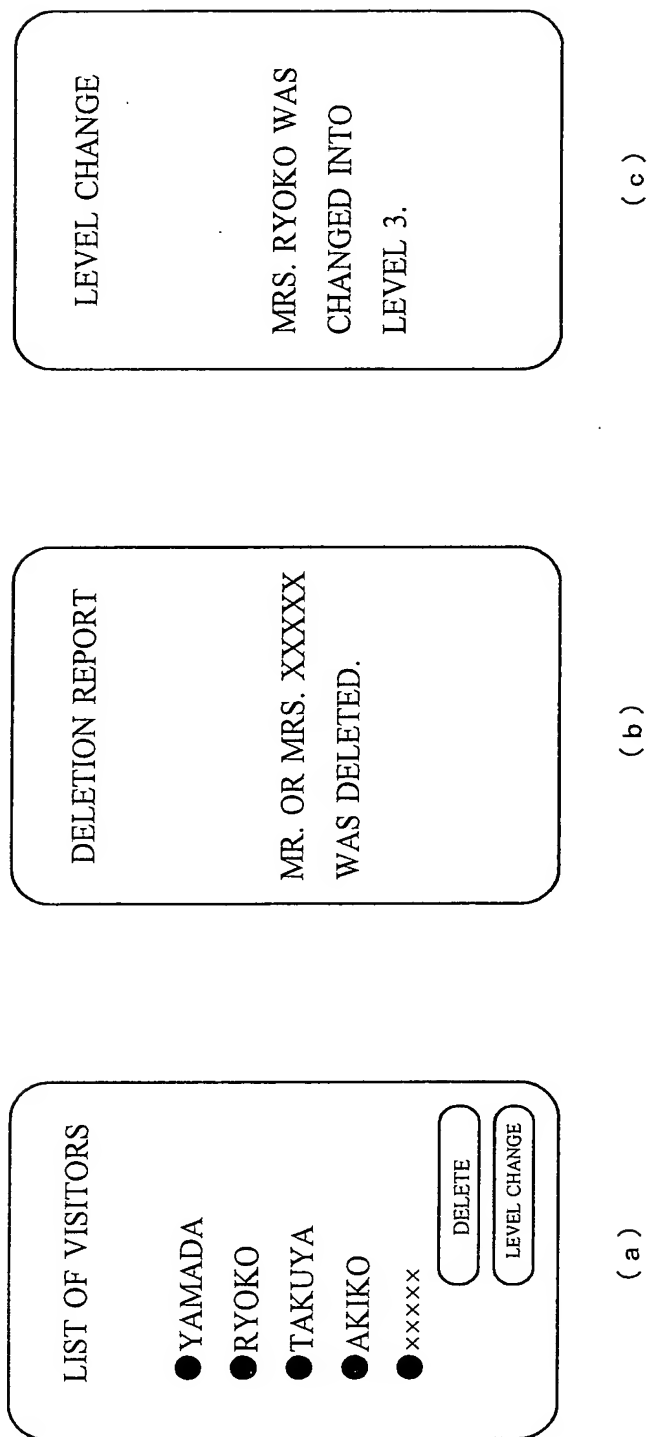
PRIVATE PAGE	BUSINESS PAGE
<div>Text page</div> <div> <input type="checkbox"/> Name  <input type="checkbox"/> Kana  <input type="checkbox"/> Sexuality  <input type="checkbox"/> Date of Birth  <input type="checkbox"/> Zip Code  <input type="checkbox"/> Mourning information  <input type="checkbox"/> Address 1  <input type="checkbox"/> Address 2  <input type="checkbox"/> Mobile mail address  <input type="checkbox"/> Telephone number  <input type="checkbox"/> Facsimile number  <input type="checkbox"/> Mobile phone number  <input type="checkbox"/> PC mail address  <input type="checkbox"/> Blood type  <input type="checkbox"/> Constellation  <input type="checkbox"/> Family information  <input type="checkbox"/> Boyfriend or Girlfriend  <input type="checkbox"/> Favorite point of other sex  <input type="checkbox"/> Sales point  <input type="checkbox"/> Hobby  <input type="checkbox"/> Name of school, grade, club  <input type="checkbox"/> Favorite food  <input type="checkbox"/> Unfavorite food  <input type="checkbox"/> Things you need </div> <div> <input type="checkbox"/> Recent impressive music or book  <input type="radio"/> Recent trouble  <input type="checkbox"/> Memory  <input checked="" type="radio"/> My secret 1  <input checked="" type="radio"/> My secret 2  <input checked="" type="radio"/> My secret 3 </div> <div>Bulletin board page</div> <div> <input type="checkbox"/> Latest events </div> <div>Picture page</div> <div> <input type="radio"/> My picture 1  <input type="radio"/> My picture 2  <input type="radio"/> My picture 3  <input checked="" type="radio"/> My picture 4  <input checked="" type="radio"/> My picture 5 </div> <div>Voice Page</div> <div> <input checked="" type="checkbox"/> Greetings </div>	<div>Text page</div> <div> <input type="checkbox"/> Company name  <input type="checkbox"/> Kana  <input type="checkbox"/> Position  <input type="checkbox"/> Title  <input type="checkbox"/> Name  <input type="checkbox"/> Kana  <input type="checkbox"/> Zip code  <input type="checkbox"/> Address 1  <input type="checkbox"/> Address 2  <input type="checkbox"/> Telephone number  <input type="checkbox"/> Facsimile number  <input type="checkbox"/> Mobile phone number  <input type="checkbox"/> Mobile mail address  <input type="checkbox"/> Map  <input type="checkbox"/> PC mail address  <input type="checkbox"/> Summary of business  <input type="checkbox"/> Business in charge  <input type="checkbox"/> Introduction of personal history  <input type="checkbox"/> Appeal point </div> <div>Bulletin board page</div> <div> <input type="checkbox"/> Latest news </div> <div>Picture page</div> <div> <input type="checkbox"/> My picture  <input type="checkbox"/> Company appearance picture  <input type="checkbox"/> Business result's picture 1  <input type="checkbox"/> Business result's picture 2  <input type="checkbox"/> Business result's picture 3 </div> <div>Voice Page</div> <div> <input type="checkbox"/> Greetings </div>

☐ DISCLOSURE LEVEL 1   ☐ DISCLOSURE LEVEL 2   ☒ DISCLOSURE LEVEL 3

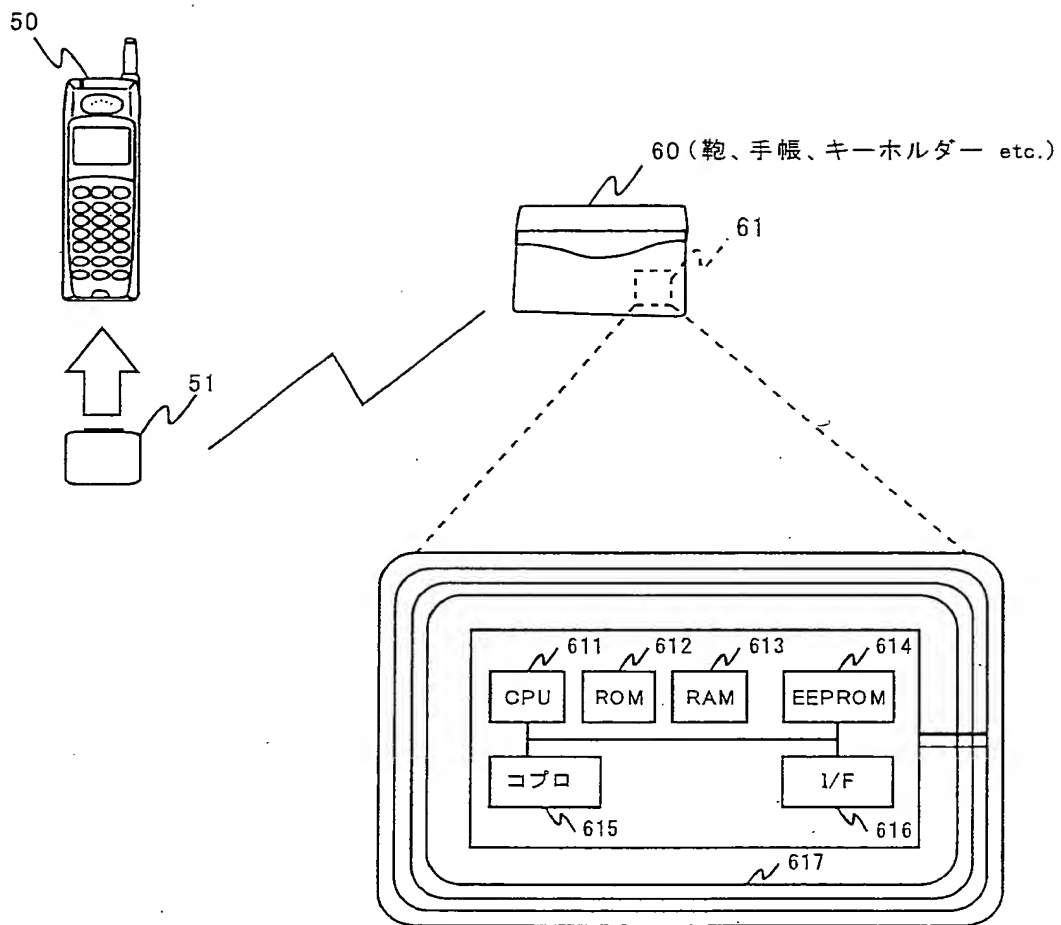
FIG. 9

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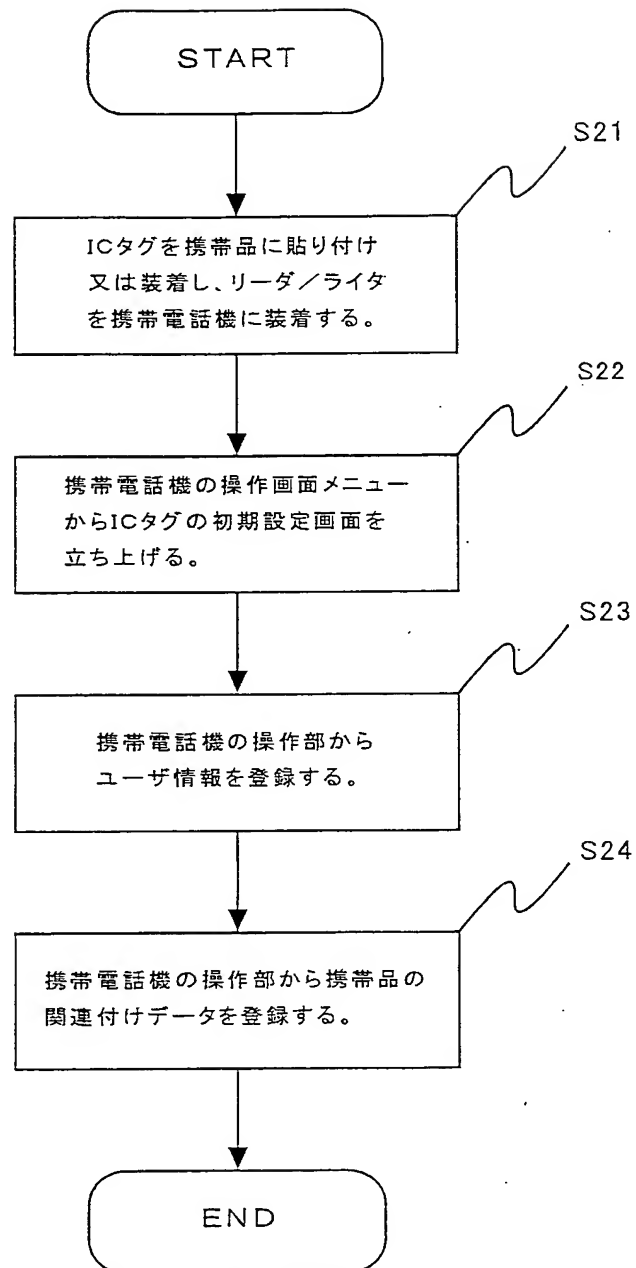
10/549973



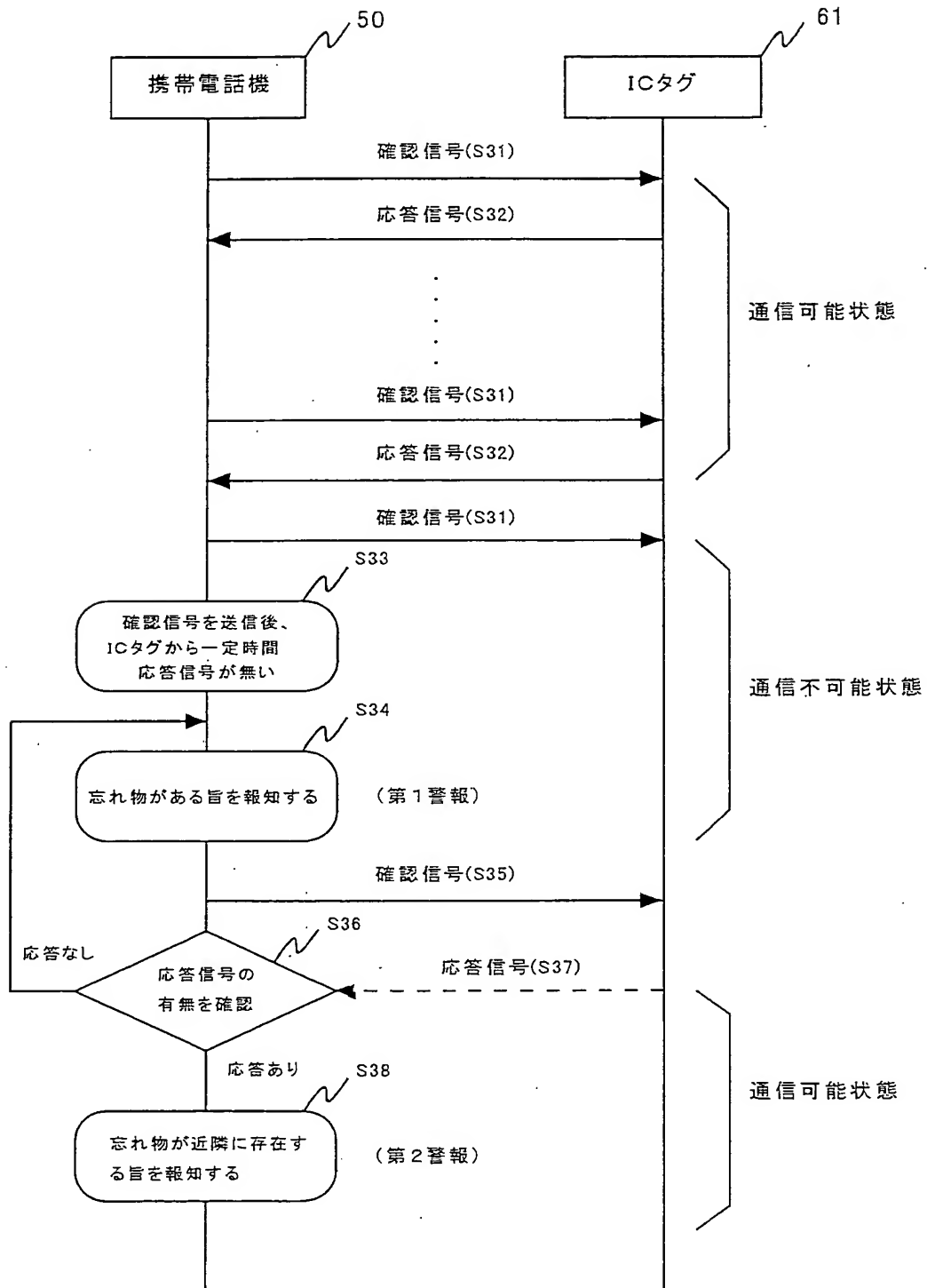
第10図



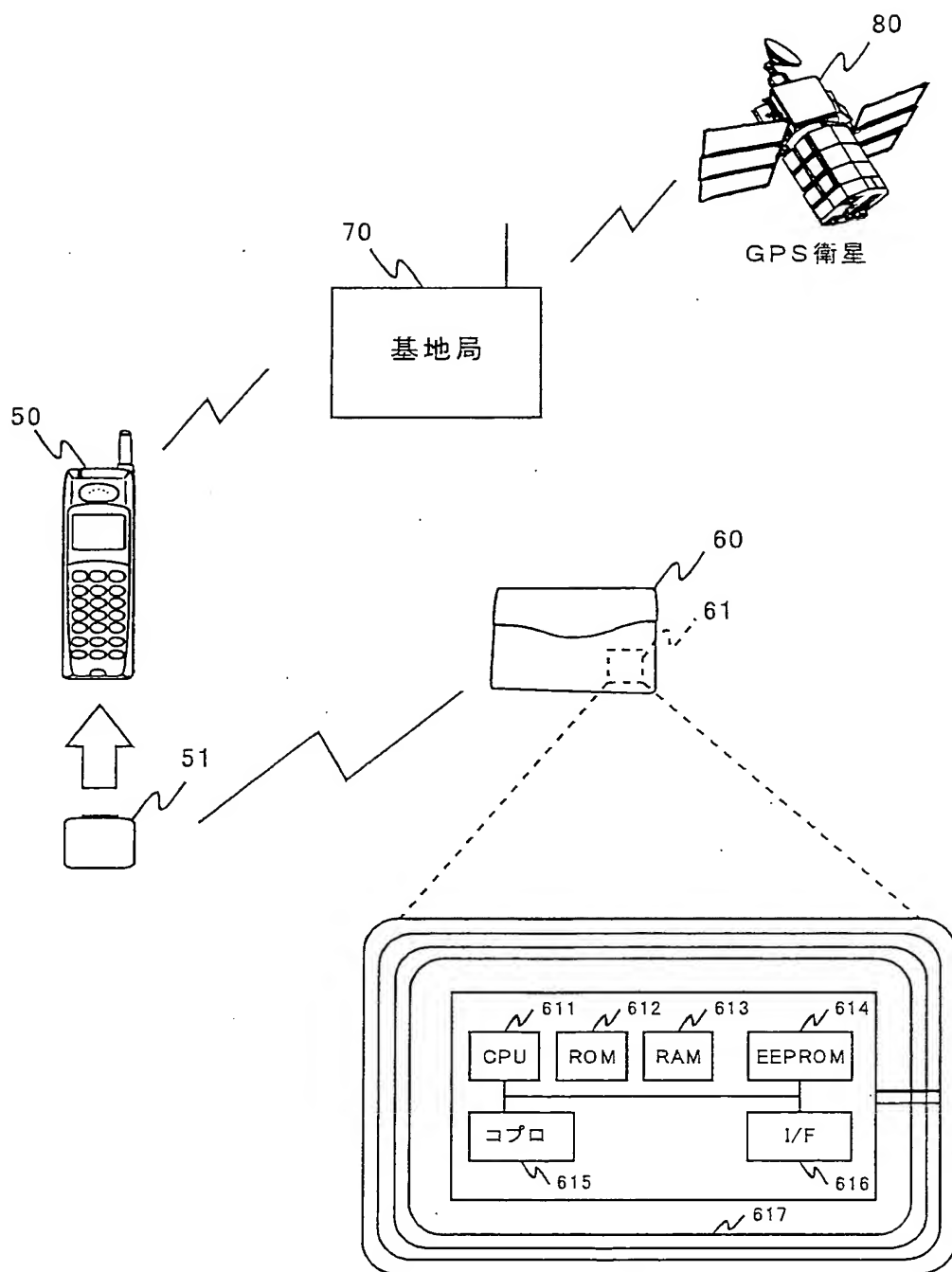
第11図



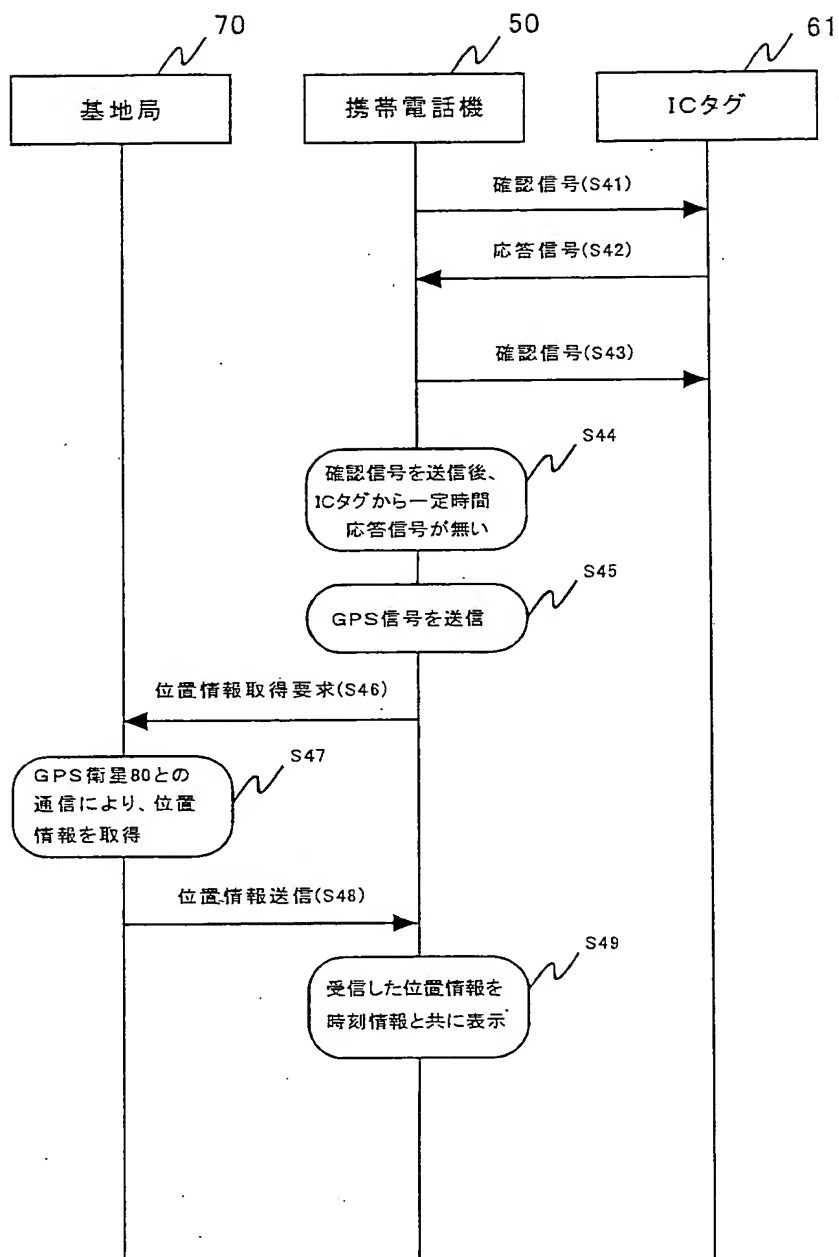
第12図



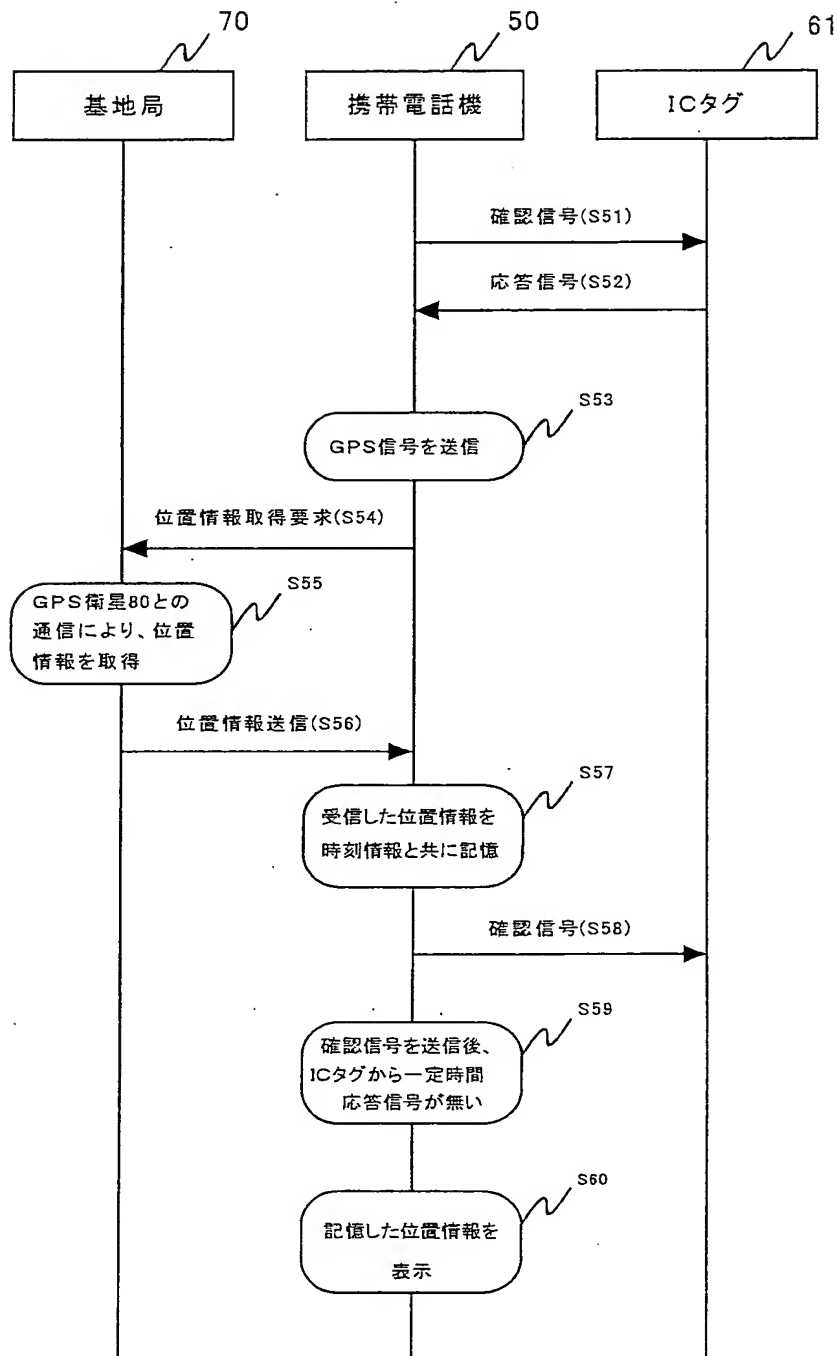
第13図



第14図



第15図



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FIG. 16

THING LEFT BEHIND INFORMATION

PERSONAL BELONGING (BAG) IS  
LEFT BEHIND.

ADDRESS INFORMATION

TIME PM3:30

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FIG. 17

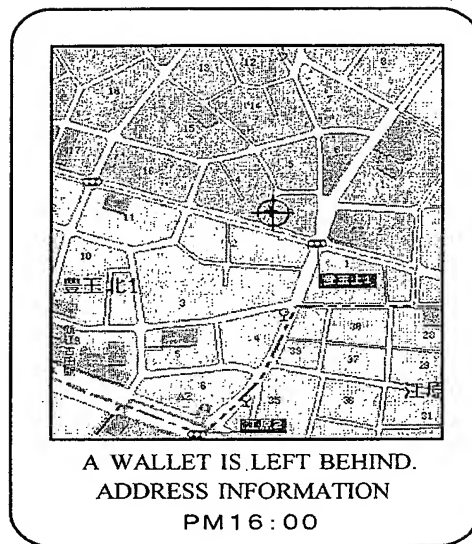
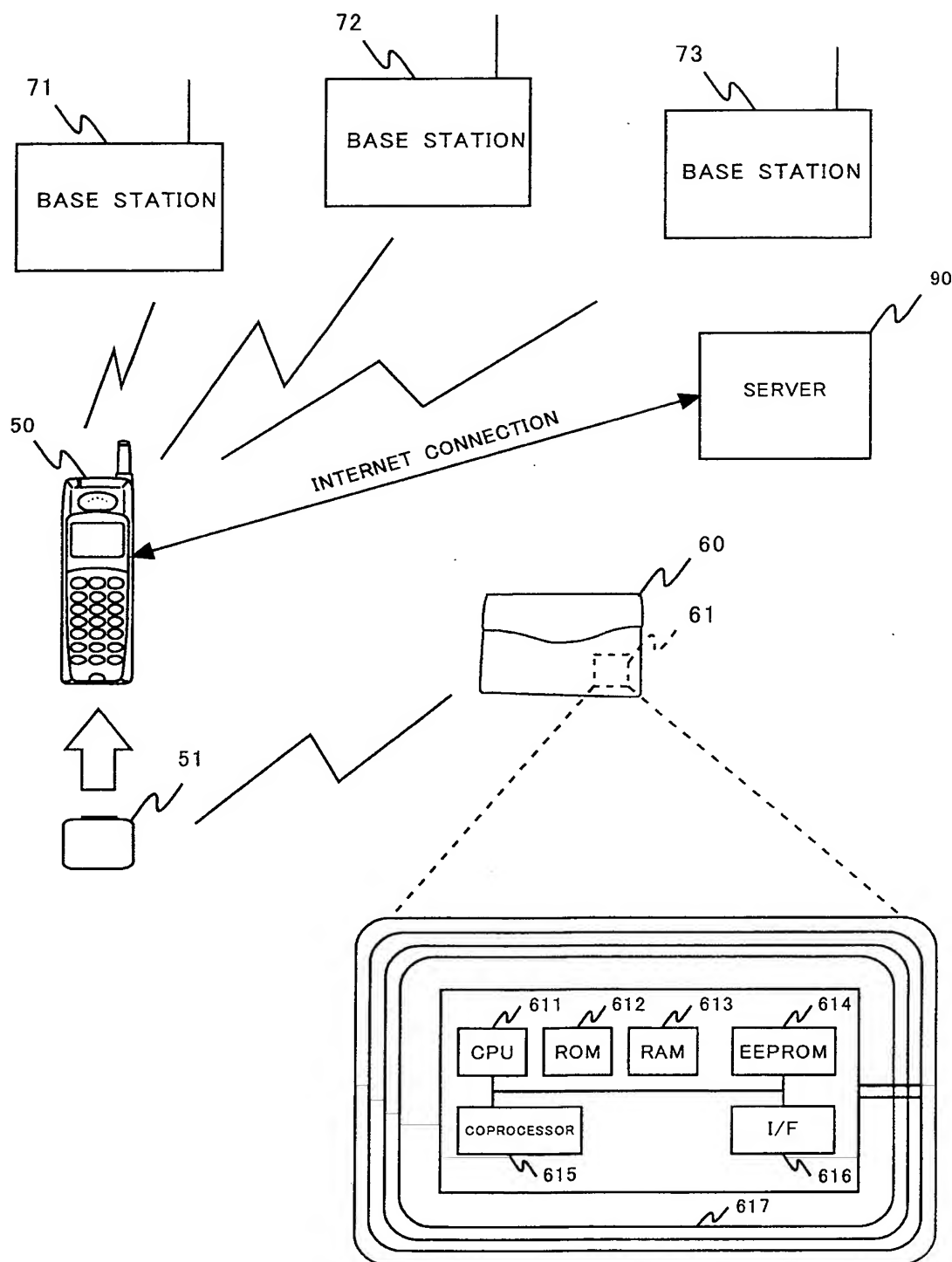


FIG. 18

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